

Nursing Home Quality Initiative

OVERVIEW

Office of Quality and Patient Safety

January 2023

Health Data NY

General Description

The New York State Nursing Home Quality Initiative (NHQI) is an annual quality and performance evaluation project to improve the quality of care for residents in Medicaid-certified nursing facilities across New York State. The NHQI is based on a calendar year and contains three measurement components comprised of quality measures, compliance measures, and an efficiency measure. The NYS DOH assesses the nursing homes on their performance in all components of the NHQI as compared to their peers. Specific deficiencies cited during the health inspection survey process are also incorporated into the results. Facilities are awarded points for each measure based on their performance. For some measures, the facilities are put into quintiles and awarded points accordingly. Other measures are based on meeting threshold values, where a facility can receive only maximum points or zero points. The points for all measures are then summed to create an overall score for each facility. Facilities are ranked into quintiles based on their overall scores. Quintile one represents the top-performing facilities, while quintile five represents the lowest-performing.

Using the data from the NHQI, you can determine how well a facility performed in the quality initiative, as compared to its peers.

The measures, components and the points may vary by each NHQI year. The methodology specific to each NHQI year will have further details [Nursing Home Quality Initiative \(ny.gov\)](https://www.nysdoh.gov/nhq).

Data Sources

The data used in the NHQI are taken from the following sources:

- Minimum Data Set 3.0 data
 - The Minimum Data Set (MDS) is a national comprehensive assessment tool that is performed on all residents in nursing homes participating in Medicaid and/or Medicare. The quality measures that utilize MDS 3.0 data were developed by The Centers for Medicare & Medicaid Services (CMS), and NYS DOH used the CMS specifications for those measures, with some modifications. More information about the CMS methodology and measure specifications can be found at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-instruments/NursingHomeQualityInits/NHQIQualityMeasures.html>.
- Nursing home certified cost reports
 - Annual cost reports submitted to the NYS DOH, Division of Finance and Rate Setting
- Payroll Based Journal data
 - The CMS's payroll based journal public use files and nursing home compare staffing data.
- The CMS Five-Star Quality Rating system
 - A star rating system developed by CMS and aimed at providing consumers with a way to assess nursing home quality. More information on this system can be found at <https://www.cms.gov/medicare/provider-enrollment-and-certification/certificationandcompliance/fsqrs.html>.
- The Healthcare Personnel Influenza Vaccination Reports
 - Annual reports on the influenza vaccination statuses of healthcare workers in nursing homes submitted to the NYS DOH Bureau of Immunization.
- SPARCS (Statewide Planning and Research Cooperative System) data
 - An all-payer hospital inpatient database in New York State.
- Immediate Jeopardy – Substandard Quality of Care (IJ-SQC) findings
 - Nursing home deficiencies cited during a health inspection survey, reported to the NYS DOH Bureau of Complaints and Analysis.

Exclusions

NYS DOH excludes certain types of facilities and MDS 3.0 assessments from the NHQI. These include the following:

- Facilities that are not Medicaid-certified
- CMS-designated Special Focus Facilities
- Continuing Care Retirement Centers
- Transitional Care Units
- The following specialty facilities or specialty units within facilities
 - Discrete AIDS, Ventilator-Dependent, Traumatic Brain Injury, Behavioral Intervention, Neurodegenerative and Pediatric Specialty.

Limitations of Data Use

Changes in measure specifications, and the deletion or addition of measures limit the ability to trend this data over time. The NHQI will likely undergo modifications and improvements as its usefulness is assessed over time.

For the quality measures that follow CMS specifications, it is possible to compare the NHQI rates to the CMS Nursing Home Compare **archived** rates found at <https://data.medicare.gov/data/nursing-home-compare>. However, the rates may differ due to few factors. First, CMS does not apply the same exclusions to the data that NYS DOH does. Second, it is not possible to fairly compare the risk adjusted rates for the following three quality measures: Percent of long stay high risk residents with pressure ulcers, Percent of long stay residents who lose too much weight, and Percent of Long Stay Residents who Self-Report Moderate to Severe Pain. This is due to two factors: (1) NYS DOH has developed its own risk adjusted models for the pressure ulcer and weight loss measures, while CMS does not risk adjust them; (2) NYS DOH risk adjusts all three measures based on the resident case-mix in New York State, while CMS adjusts on a national level. Because of this state-level risk adjustment, it is also not possible to fairly compare these rates regionally within New York State.

For the efficiency measure and the quality measures that are awarded points based on the quintile method, it is possible to calculate the measure-specific quintile values using this data set. Replicating the overall score quintiles will result in a slight difference in the quintile values due to adjustments to some facilities' performances.

NYS DOH does not report rates for measures with a denominator of less than 30. In these cases, the measure is suppressed for the facility and the total base points reduced accordingly.